1503 - 137 - 4265

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									7	Office Us	e Only	777 2. 21
1.	NAME OF COMMITTEE (in		E OR F	PRINT V		mple: If ty r the lines.		121	FE4M	SFEC P	TAIL	CENTER
A	melcii ca	n, 5, , F, 0	<u>, </u>	0, 4, 1, 0,	1 1 1 1		<u> </u>				11	
Ш					1 111	.1.1.1.			111			
ADI	DRESS (number and	street)	0 1	BOXII	5028	1011	111	111	11.1	1 1 1		
	Check if diffe	ske.		1010	4	111		<u> </u>	. . . 		- 21	<u> </u>
	reported. (AC	(c) [C	ارح	ye, la,			لــــــا	o t		441		
2.	FEC IDENTIFICA	ATION NUMB	ER ▼		CITY A			STATE			ZIP COI	DE A
	C a a 5	69475		3	. IS THIS REPORT		NEW (N) O	R	到 (A)	ENDED		
4.	TYPE OF REP (Choose One)	ORT (b) Mon Rep	ort 🖳	Feb 20 (M 2)		May 20 (I	M 5)	524 TT	20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Rep	orts:			Mar 20 (M3)	العظ	Jun 20 (N	/ 16)	Sep	20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)		Jul 20 (M	l'=	Oct 2	20 (M10)		Jan 31 (YE)
	July 15	Report (Q1)	(c)	12-Day PRE-Election		Primary (1	2P)	tiani.	General (12G)		Runoff (12R)
	October			Report for the	e: [[]	Convention	n (12C)		Special (12S)		
	January	Report (Q3) 31 Report (YE)		Eld	ection on	[M.c.W.]	/ [D'\[D]	/ TYTY	-υγ υγ	1	in the State of	
	July 31 I Report (I Year Onl	Non-election	(d)	30-Day POST-Electio	1	General (3	30G)		Runoff (3	0R)		Special (30S)
	Terminat (TER)	ion Report		Report for the	e: ection on	M	/ D - D	, [[<u>*</u>	_0- γ -3- γ		in the State of	
5.	Covering Period	M	2	ຶ່ງ / 2 ວ	14	through	3.7	2 '.	3 /	20	14	
l ce	ertify that I have ex	amined this R	eport a	nd to the bes	t of my kno	wledge an	d belief it is	s true, co	rrect and	complet	e.	
Тур	e or Print Name o	f Treasurer _	6	eoffre	JP.	Lore	<u> </u>			<u> </u>		
Sig	nature of Treasure	· - &	K	2 				Date	0 / 0	/ []	s ′	2015
NO	TE: Submission of f	alse, erroneous	, or ince	omplete inform	ation may s	ıbject the p	erson signii	ng this Re	port to th	e penaltio	es of 52	U.S.C. § 30109.
<u> </u>	Office Use Only										FOR ev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Re	port Covering the Period: From: /	1 25	2014	To: /2/3°/ 2014
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
S .	(a) Cash on Hand Y Y Y Y Y J Y J Y J Y J Y J Y J Y J Y		ad.	
	(b) Cash on Hand at Beginning of Reporting Period	,	301.00	
	(c) Total Receipts (from Line 19)	,	,/0/.00	20100
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines			
	6(a) and 6(c) for Column B)	,	,/00.00	, , , , , , , , , , , , , , , , , , , ,
·.	Total Disbursements (from Line 31)	,	, 0.00	, 101-00
3.	Cash on Hand at Close of Reporting Period			
	(subtract Line 7 from Line 6(d))	,	, / 0 8 . 0 0	, , , , , , , , , , , , , , , , , , , ,
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		, 0.05	•
0.	Debts and Obligations Owed BY the Committee (Itemize all on	•		
	Schedule C and/or Schedule D)	,	,200,00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100 Write or Type Committee Name

For Ohin

MAIRIC	$a \cap S$		0	<u> </u>	Q	\sim	<u> </u>	<u> </u>
		M	м		D	D	,	
Report Covering the Period:	From:	1	1	•	7	_		•

Report Covering the Period: From: // 25 28/4 To: /2 3/ 20/4							
I. Receipts	To	COLUMN tal This F			COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:							
(a) Individuals/Persons Other							
Than Political Committees				·	,		
(i) Itemized (use Schedule A)	,		1.00	,	1000		
(ii) Unitemized	,	,	. •	, ,	•		
(iii) TOTAL (add							
Lines 11(a)(i) and (ii)▶	•,	,	1.00	, ,	1.00		
(b) Political Party Committees	,	,			·		
(c) Other Political Committees					•		
(such as PACs)	7	7	•	, , ,	-		
(d) Total Contributions (add Lines							
11(a)(iii), (b), and (c)) (Carry			,				
Totals to Line 33, page 5)	• •	,	1.00	3 '	1.00		
2. Transfers From Affiliated/Other							
Party Committees	^7	,	•	,	• .		
3. All Loans Received	3	, 1	0 5.00	· • • • • • • • • • • • • • • • • • • •	20000		
4. Loan Repayments Received	,	,		,	•		
5. Offsets To Operating Expenditures		·		·			
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	,	,	. •	3 . 1	•		
6. Refunds of Contributions Made							
to Federal Candidates and Other							
Political Committees	,	, .	•	, , , , , ,	••		
7. Other Federal Receipts (Dividends, Interest, etc.)							
B. Transfers from Non-Federal and Levin Funds	3	7	•	9	•		
(a) Non-Federal Account							
(from Schedule H3)			•				
(,	,	•	j ,	•		
(b) Levin Funds (from Schedule H5)							
(b) Levin I ands (nom Schedule 113)	•	. ,	••	, . ,	•		
(c) Total Transfers (add 18(a) and 18(b))				Marin Brown			
(a) rotal transfer (and rotal and rotal).	,	,	•	y	•		
9. Total Receipts (add Lines 11(d),							
12, 13, 14, 15, 16, 17, and 18(c))▶							
12, 10, 14, 10, 10, 11, and 10(0)/	,	, /	01,00	. , , 7	201.00		
D. Total Federal Receipts							
(subtract Line 18(c) from Line 19)▶		•		47			
(=====================================	7 ·	,		. ,			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	T ~	COLUMN		COLUMN B		
. Operating Expenditures:	Expenditures: Total This Period			Calendar Year-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)					•	
(i) Federal Share	,	~9 · ·	•		j. j.	- 4 -
(ii) Non-Federal Share	,		. .			• •
(b) Other Federal Operating	,	,	<u>-</u> -		, 3	
Expenditures(c) Total Operating Expenditures	,	,	. ••		, , ,	
(add 21(a)(i), (a)(ii), and (b))▶				**		
. Transfers to Affiliated/Other Party	•,	,	• ••		, . , ,	· · · · ·
Committees	,	· .,.	•		, - ,	
Contributions to Federal Candidates/Committees and Other Political Committees	-	· -				. ** <u>.</u>
. Independent Expenditures	,	,	•	*	,	
(use Schedule E)	,	,	0.00	•	,	01.0.
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		-				
(use Schedule F)	,	.,,	•		5	•
. Loan Repayments Made	,		•		, ,	
• •	,		-		,	- · · · ·
Loans Made Refunds of Contributions_To:	, .	, .	• .		, ,	
(a) Individuals/Persons Other Than Political Committees						
THAT I SHIGH SSHIMMOSS	• 5	,	•		3 , , , , , , , , , , , , , , , , , , ,	•
(b) Political Party Committees	,	, .	•		,· · ·,	- , - = a
(c) Other Political Committees			٠			
(such as PACs)	,	,	-		, ,	. •
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	,	,	•		, ,	•• •
Other Dishugamonts						-
Other Disbursements	J .	•		•	y	• *
. Federal Election Activity (52 U.S.C. § 30101(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6)				. :		- 1
(i) Federal Share	,	• •	•		,· · ,·	•
(ii) "Levin" Share	, .					
(b) Federal Election Activity Paid Entirely	,	. , , .	-		, , , , , , , , , , , , , , , , , , ,	
With Federal Funds	-,	. ,		**	,, . .	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶					·	
Ellies so(a)(i), so(a)(ii) and so(b))	,	,	-			•
. Total Disbursements (add Lines 21(c), 22,					<u>.</u>	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	, .	, /	01.00	. با س	,	01.0
. Total Federal Disbursements	•	, ,	- 1 · • •		•	- , • •
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)		-	•			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans)		Committee of the mathematical and the mathematical section of the
(from Line 11(d), page 3)		1.00
34. Total Contribution Refunds	The first case of the state of	
(from Line 28(d))		
35. Net Contributions (other than loans)		
(subtract Line 34 from Line 33)		Reply 19 Rep
36. Total Federal Operating Expenditures	Harry Comment of the	Marine Same of the control of the co
(add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures		
(from Line 15, page 3)		Lander Branch Branch
38. Net Operating Expenditures	han the first transfer of the first transfer	
(subtract Line 37 from Line 36)	The Part of the Pa	

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) A Marican 5	e and address of any political committee	
Full Name (Last, First, Middle Initial) A. Caroline Pillar Mailing Address 8238 Manor Gate City Mentor		Date of Receipt Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) Basic donation	Supation Notemplayed gregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address City S	tate Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	cupation	Amount of Each Receipt this Period
Primary General	gregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt

Basic donation	h tempokanya a sama an a fumbanya manananya afaita asik ya ya jiya da sama asikanya.	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MAM) / LOND / LANDARY
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	·
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MUM) / [D] / [YVYVYCY]
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	al)	
TOTAL This Period (last page this line nu	mber only)	1.00

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	MIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b	
	nformation copied from such Reports and Statem commercial purposes, other than using the name			
NA	ME OF COMMITTEE (In Full) AMRICANS		····	
A. 	ll Name (Last, First, Middle Initial) illing Address			Date of Disbursement
Cit	y	State Zip Code		
Pui	rpose of Disbursement	in in		Amount of Each Disbursement this Period
Ca	ndidate Name	1	Category/ Type	
Öff Sta	President	nent For: Primary General Other (specify) ▼		
	Il Name (Last, First, Middle Initial)			Date of Disbursement
Ma	alling Address			M J M J V V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	y	State Zip Code		
	rpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
		nent For: Primary ☐ General Other (specify) ▼		
Ful	Il Name (Last, First, Middle Initial)			Date of Disbursement
	ailing Address			Mum / Dud / Yuyuyu
Cit	у	State Zip Code		
Pu	Purpose of Disbursement			Amount of Each Disbursement this Period
	indidate Name	i	Category/ Type	Amount of Each Disoursement this Fellog
	fice Sought: House Disburser Senate President ate: District:	nent For: Primary General Other (specify) ▼		
SUB	TOTAL of Disbursements This Page (optional)			
тот	AL This Period (last page this line number only)		>	

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

	Detailed Carrinary Fage				
NAME OF COMMITTEE (In Full)					
Americans For Ohi	٥				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:				
Geoffrey P. Lorel Mailing Address	Primary General Other (creative)				
Mailing Address	Other (specify) ▼				
Mailing Address 1/425 Harborview Dr., Clayelan City State o H ZIP Co	ode 44102				
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period				
, , , , , , , , , , , , , , , , , , ,	, 0.10 , ,200.00				
TERMS Date Incurred Date Due	Interest Rate Secured:				
12/29/2014 12/31/2					
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				

SUBTOTALS This Period This Page (optional)	<u> </u>				
TOTALS This Period (last page in this line only)	, / 0 0 . 0 o				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule Communication

ederal Election Commission, Washington, D.C. 20463			Page	of :	Schedul	e C
NAME OF COMMITTEE (In Full)		FEC	IDENTIFIC	OITA	NUME	 BER
Annericans fo	or Ohio	C	005	691	473	5
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest	Rate	(APR)	
Full Name		,				
	" " " "	•		. •	%	,
Mailing Address		M M	, d d ,	, Y	A , A ,	Y'
	Date Incurred or Established	- 14 14	/ D D	, ,	Y - Y -	
State Zip Code	Date Due					
A. Has loan been restructured? No Yes	If yes, date originally incurred		ם ט <i>ו</i>	/ Y	Y Y .	Υ .
B. If line of credit,	Total					
Amount of this Draw:	Outstanding Balance:		,		• ,	
	rrad?	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
C. Are other parties secondarily liable for the debt incu	must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates a stocks, accounts receivable, cash on deposit, or other	e loan: real estate, personal por deposit, chattel papers,					
No Yes If yes, specify:		1				
		Does the ler interest in it?			cted sec Yes	urity
E. Are any future contributions or future receipts of inte	· -	What is the	estimated v	alue?		
collateral for the loan? No Yes If yes,	specify:					
	· · · · · · · · · · · · · · · · · · ·	, · · .,	•	-	•	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:				-	
Date account established:	Address:					
M M / D D / Y Y Y	City, State, Zip:					
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan	vas pledged for this loan, or if the a				l or exce	eed
G. COMMITTEE TREASURER		DATE				
Typed Name		M M .	/ · D D	, Y	Y Y .	γ .
Signature						
H. Attach a signed copy of the loan agreement.						
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the are accurate as stated above.	terms of the loan and other inform	ation regardi	ng the exte	nsion (of the lo	an
II. The loan was made on terms and conditions (similar extensions of credit to other borrowers III. This institution is aware of the requirement tha	of comparable credit worthiness.					l for
complied with the requirements set forth at 11	CFR 100.82 and 100.142 in makin	g this loan.		ти, а п	u 1105	
UTHORIZED REPRESENTATIVE Typed Name		DATE				
	Title	M M .	/ D D.	/ Y	YY	Υ .
i i		1				

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one) 9

IAME	OF COMMITTEE (In Full)								
	Americans	ForC	hio						
Α.	Full Name (Last, First, Middle Initial) of Debtor or	Creditor			Nature of Debt	(Purpose	e):		
1	ailing Address								
Ci	y State	Zip Code							
	Outstanding Balance Beginning This Period								
	Amount Incurred This Period	Payment	t This Period		Outstanding	Ralance a	it Close	of This F	Period
	Amount mounted this i choo	i ayıncı.							Cilou
	y	,	,	•		· ·		•.	
B.	Full Name (Last, First, Middle Initial) of Debtor or	Creditor			Nature of Debt	(Purpose	e):		
М	ailing Address		·						
Ci	ty State	Zip Code							
	Outstanding Balance Beginning This Period								
	, , , , , , , , , , , , , , , , , , ,								
	Amount Incurred This Period	Payment	t This Period		Outstanding	Balance a	t Close	of This F	² eriod
	1	,		. •	. 1	j .	,		
C.	Full Name (Last, First, Middle Initial) of Debtor or	r Creditor			Nature of Deb	(Purpose	9):		
М	ailing Address	. <u> </u>							
Ci	ty	State Z	ip Code						
	Outstanding Balance Beginning This Period								
	Amount Incurred This Period	Paymen	t This Period		Outstanding	Balance a	at Close	of This I	Period
	,	,	,	. •		,	. 1.	. •-	* .
1) \$	SUBTOTALS This Period This Page (optional)			>			,		
2) 1	OTALS This Period (last page this line number on	ly)		>		,	• •		
3) 1	TOTAL OUTSTANDING LOANS from Schedule C (I	last page only)				,	, 1	0.0	٥
4) #	ADD 2) and 3) and carry forward to appropriate line	e of Summary P	age (last pag	e only) ▶		,	, /	0 0 . 0	, 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Americans For Ohio	C 0 0 5 69.4.7.5
theck if 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yarara
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office Oppose	e Sought: House District:
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office Oppose	e Sought: House District:
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	0,00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Signature Date	7 2015

PAGE

OF

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FEDI	PAGE OF	
(To be used only	by Political Committees in the Gene	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full) AMericans For	r O hio	Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee	
If YES, name the designating committee:	Mailing Address	
	City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure Category/ Type
Mailing Address		Date
City State	Zip Code	MYM / PUB / YVYVY
Name of Federal Candidate Supported Office Sough	House State: Senate District: Presidential	Amount
Aggregate General Election		t, an air, anaismhin i ait air minnean an gcaille facuit i manna an gir meillean agus i mhill
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure Category/
Mailing Address		Date Type
City State	Zip Code	MUM / DEDT / YUYUYUY
Name of Federal Candidate Supported Office Sough	t: House State: Senate District: Presidential	Amount
Expanditure for this Condidate		
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure Category/
Mailing Address		Туре
City State	Zip Code	Date
Name of Federal Candidate Supported Office Sough	House State: Senate District: Presidential	Amount
Expanditure for this Candidate		
SUBTOTAL of Expenditures This Page (optional)		
TOTAL This Period (last page this line number only)	_ ·_ >	

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full) Americans For Ohio
USE ONLY ONE SECTION, A or B
USE ONLY ONE SECTION, A UI B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal %
Nonfederal %
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE HZ (FEC FORM 3X)		r=-==
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)		
Americans for Ohio		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public committed and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal candi nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		
1071111714 10	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%	04
CHECK IF THE RATIO IS:	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Lecenture 170
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL 9/	NONEEDERAL OF
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:	Described Sections	Continue of the second
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	%	%
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New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
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Fundraising Direct Candidate Support	%	%
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New Revised Same as Previously Reported		
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Fundraising Direct Candidate Support	%	%
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Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS: New		
1 Land Country Technology Reported	1	1

1503 - 187 - 4279

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (•			
Amer	icans Fo	r o hio		
NAME OF ACCOUNT		DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		M M / D D	/ [:] Y Y Y Y	
			·	
BREAKDOWN OF TRA	ANSFER RECEIVED			
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				and the second second second
ii) Generic Voter Dr	ive			The second secon
III) Exempt Activities	3	•••••••••••	••••••	and the second s
iv) Direct Fundraisir	ng (List Activity or Event Ide	entifier)		
a)		· ,		
b)				
"		,	,	
c) Total Amount T	ransferred For Direct Fundr	aising		
	Support (List Activity or Ev			
V) Direct Canadate	Support (List Additity of L.	vent identificity		
a)				
		• •	•	
b)		- ,	. ,	
c) Total Amount T	ransferred For Direct Candi	date Support		9 1 3 1 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ul) Bublic Communi	astiona Dafamina Only to	Donte (Made by DAC)		
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	TOTALS FO	OR BREAKDOWN OF		
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TOTAL This Period (Exen	npt Activities)		···· ,	≯ reconstruction of the second of the sec
TOTAL This Period (Direct	t Fundraising)			
TOTAL This Period (Direct	t Candidata Sunnart)			and the second of the second o
TOTAL THIS PERIOD (DIFEC	a Candidate Support)	••••••		 Section 1. Section 1. Section 2. Section 2. Section 3. Section 3
TOTAL This Period (Publi	c Communications Referring	Only to Party)		
		, =y		
TOTAL This Period (Total	Amount Transferred)			• • • • • • • • • • • • • • • • • • •

150M - 137 - 4280

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
FOR LINE	21a OF	FORM 3X

NA	ME OF COMMITTEE (In Full)	For	Ohio		
— A.	Full Name (Last, First, Middle Initial)	(0)	OVEID		Allocated Activity or Event:
-					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
			·		- Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			, 	, , , , , , , , , , , , , , , , , , , ,
	,		i	Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				•	
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В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				, ,
	Activity of Event Identifier.			Category/ Type	M M / D D / Y Y Y Y Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	, ,		, ,	•	,
<u>c.</u>	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
					Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:				, , ,
				Category/ Type	M M / D D / Y Y Y Y Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
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S	UBTOTAL of Allocated Federal and NonFed	eral Activity Th	-		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	5 5 ••		, ,	•	3 , 3
T	OTAL This Period (last page for each line o	nly)(Federal sh			
	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FOR LINE 18b OF FORM 3X

IAME OF CO	MMITTEE (In Full)			
	Americans	For Ohio		
NAME OF A		DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
IVAIVIE OF A	CCOOI41	M M / D D / Y	Y Y Y	IOIAL AMOUNT THANSPERRED
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				3 3 5
BREAKDOV	VN OF THIS TRANSFER			
n	Voter Registration	\	OTER REGISTRA	ATION
,	Total Amount Transferred for Voter	Registration		
	Total 7 miles in Trainers in the Verei	, togicus attornism	, j	
ii)	Voter ID		VO	ITER ID
	Total Amount Transferred for Voter	ID	,	,
				GOTV
ili)	GOTV	.,		
	Total Amount Transferred for GOT	V		• • • · · · · · · · · · · · · · · · · ·
ivì	Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY
,	Total Amount Transferred for Gene	eric Campaign Activity		
				, , , , , , , , , , , , , , , , , , ,
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
-			Y Y Y	
				, ,
BREAKDOV	WN OF THIS TRANSFER			
i)	Voter Registration	•	VOTER REGISTRA	ATION
	Total Amount Transferred for Votes	r Registration	_	
			, į	DTER ID
ii)	Voter ID			*-
	Total Amount Transferred for Vote	r ID	,	5
:::1	GOTV			GOTV
1117	Total Amount Transferred for GOT	ν		
	Total Filliouni Figure 101 GOT	*	······	, , , , , , , , , , , , , , , , , , , ,
lv)	Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY
'	Total Amount Transferred for Gene	eric Campaign Activity		, ,
l <u> </u>				
	TOTALS FOR BE	REAKDOWN OF TRANSFER	RECEIVED (La	st Page Only)
			•	,
TOTAL	This Davied (Mater Designation)		*.	
IOIA	L This Period (Voter Registration)		, ,	•
TOTA	L This Period (Voter ID)		,	y
			-	
TOTA	L This Period (GOTV)			,
				• • • • • • • • • • • • • • • • • • •
TOTA	L This Period (Generic Campaign A	Activity)		
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TOTA	L This Period (Total Amount of Trai	nefere Received)		•
IOIA	E THIS I GIVE (TOTAL MINUTE OF ITAL	isiers neceiveu)		·····

1503-137-4282

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	UF		
FOR LINE	30a OF	FORM 3	X

AME OF COMMITTEE (In Full)		
Americans for Ohio		
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
7. Tuli featio (East, First, Middle Millar) Fram Organization Hamo		Voter Registration GOTV
		Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		-
Oldio Esposad	į ·	
Purpose of Disbursement	-	м м / о о / ү ү ү
	Category/ Type	Date
FEDERAL SHARE + LEVIN SH	<u> </u>	= TOTAL AMOUNT
FEDERAL SHARE T LEVIN SH	, ,	- TOTAL AMOUNT
, , ,		, ,
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
		Voter Registration GOTV Voter ID Generic Campaign
		Voter 1D Generic Campaign
Malling Address		Allocated Activity or Event Year-To-Date
Mailing Address		Amounted Fielding of Event Toda-To-Date
City State Zip Code		, , , , ,
State 21p code		
Purpose of Disbursement	-	M M / D D / Y Y Y
Turpose of Disputsement	Category/ Type	Date
		<u> </u>
FEDERAL SHARE + LEVIN SH	IARE	= TOTAL AMOUNT
, , , , , ,		, ,
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
		Voter Registration GOTV
		Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		, ,
		M M / D D / Y Y Y Y
Purpose of Disbursement	Category/	Date
	Туре	
FEDERAL SHARE + LEVIN SH	IARE	= TOTAL AMOUNT
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		, , , ,
SUBTOTAL of Shared Federal and Levin Activity This Page		
		TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH		
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH	IARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH , , , , , , , , , , , , , , , , , , ,	IARE	TOTAL AMOUNT 30(a)(ii))
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH	IARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH , , , , , , , , , , , , , , , , , , ,	IARE nd Levin share to	TOTAL AMOUNT , , ,) 30(a)(ii)) TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH , , , , , , , , , , , , , , , , , , ,	IARE nd Levin share to	TOTAL AMOUNT 30(a)(ii))
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH , , , , , , , , , , , , , , , , , , ,	IARE and Levin share to	TOTAL AMOUNT , , ,) 30(a)(ii)) TOTAL AMOUNT

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

Americans For Ohio

NAME OF ACCOUNT

	RECEIPTS FROM PERSONS		OLUMN A THIS PERI		COLUMN B YEAR-TO-DATE				
1.					- 				
	(a) Itemized(Use Schedule L-A)	,	,	•		•	. ,		•
	(b) Uniternized	,	,			5	7	<i>2</i>	•
	(c) Total	,	,	•		· . ,	,		•
2.	OTHER RECEIPTS	,	,	•		,	,	4	•
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	,	,			. 3	· ,		•
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)								
	(a) Voter Registration	,	,			, ,	J .		•
	(b) Voter ID	,	,	•		,	,		•
	(c) GOTV	J -	1	•		3	,		•
	(d) Generic Campaign	,	,			,	,		•
	(e) Total	,	,			7	, ,	• • • •	• .
5.	OTHER DISBURSEMENTS	,	,			,	· ,		•
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	,	, .			,	, y		•
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	,	,	•		,			•
8.	RECEIPTS(from Line 3)	,	3 ,	•		, ,	У		•
9.	SUBTOTAL(Add Lines 7 and 8)	,	,	•		j	. ,		• • • •
10.	DISBURSEMENTS						,		· .
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)					•	,		

1503-137-4284

SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s) for each category of the

ITEMIZED RECEIPTS OF LEVIN FUNDS FOR LINE NUMBER: 2 1a Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americans For Ohio Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt 7 .4 D' D Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business **5**, , Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt B. / D .. D Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

PAGE

OF

1508 137 4285

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMB	ER:	PAG	E		OF	
(check only one)	_					
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		4b	Ш	4d		

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not be sold or used by any partners of any political committe	person for the purpose of soliciting contributions to solicit contributions from such committee.
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е	Date of Disbursement
Zip Code	Amount of Each Disbursement this Period
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(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked USPS Priority Mail Express Postmark Illegible No Postmark Overnight Delivery Service (Specify): Fed & Ground Shipping Date **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED